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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	
	First Named Inventor	KAPALA, Thomas
	Title	
	Art Unit	
	Examiner Name	
	Attorney Docket Number	C 2658 PCT/US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

OR

☐ Practitioner(s) named below:

23657

Name	Registration Number

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I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Thomas Kapala</i>	Date	16/02/05
Name	Thomas Kapala	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	
	First Named Inventor	FIEG, Georg
	Title	
	Art Unit	
	Examiner Name	
	Attorney Docket Number	C 2658 PCT/US

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SIGNATURE of Applicant or Assignee of Record

Signature	<i>Georg Fieg</i>	Date	16.2.05
Name	Georg Fieg	Telephone	
Title and Company			

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